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ABSTRACT

Described is the Early Intervention program of Pennsylvania's Federation Day Care Services which serves young children with learning disabilities or delays in social or emotional development. Reviewed are such program aspects as philosophy of service and objectives (including stress on affective education and problem solving skills), criteria for placement, multidisciplinary team approach, diagnostic evaluations (including intelligence and projective testing), personnel training, and research. Among the accomplishments of the program cited is the close cooperation established between the Early Intervention Department and the public schools. (CL)

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FEDERATION DAY CARE SERVICES

EARLY INTERVENTION AND DAY CARE

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INTRODUCTION

Children of working parents and single parents make up the population of day care centers. Because of stresses within the family many of these children are vulnerable; some are troubled.

Problems are severe enough to inhibit the child's normal development but not severe enough for the child to be appropriate for a mental health - mental retardation center. For these children there are no facilities where they can receive day care and also be part of a program designed to meet their particular needs.

It also is important to note that if these children were not in an environment where special attention was given to their problems, they may be overlooked. Parents do not necessarily have the observation skills and, more important, the objectivity needed to pick up early developmental problems. Parents are often not alerted to their child's emotional and academic difficulties until the child reaches second or third grade of public school. At this point in the child's life it may be too late to make significant impact on their ability to successfully cope with life's experiences. When parents are made aware of the child's problem in later years they may not have the financial or emotional resources to obtain assistance without outside support systems which can provide the necessary help needed to mobilize their energy to meet the crisis the child is facing.

In order to meet the need of families for day care and for treatment for their children and convinced of the value of the day care experience in working with moderately emotionally troubled and learning disabled children, the Samuel Paley Branch of Federation Day Care Services in September, 1975, established an early intervention program for children ages three to seven years. Federation Day Care Services has taken a leadership role in the day care field for many years by providing innovative programs which meet the need for differential day care within the framework of one agency.

In 1975, Federation Day Care Services, through its two branch programs, provided day care for 285 children, ages three to eleven. Development of day care services and social services for parents and children is based on the philosophy that the Federation Day Care Services support and strengthen the stability of family life. To fulfill the potential as a family service, the Federation has developed the following programs in both the Downtown Children's Center and the Samuel Paley Day Care Center:

- In-building day care for the pre-school child.
- Family day care for the pre-school child.
- In-building day care for children in the first, second and third grade.
- Day care for older school age in group homes in the community.
- Counseling and referral services.
- Parents' Association activities.
- Early Intervention program.
- Day Camp.

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EID AND DAY CARE - INTRODUCTION (Continued)

Prior to the inception of the Early Intervention Department, the Paley Day Care Center had to drastically limit the enrollment of troubled children who we felt could not be maintained in the large group setting. After admittance to the Paley Center's day care program, and if it became evident that a child had problems not visible at intake, or if the child became too difficult to manage or so withdrawn that he needed individual attention much of the time, a plan was devised for the child which included:

- . . the attention of a volunteer from the Paley Center or an outside agency.
- . . psychiatric or psychological consultation.
- . . being kept home for a specific period of time.
- . . referral to individual and/or family counseling within or out of the Paley Center.
- . . parent picking up child when unmanageable.
- . . change to another room.

When these measures had been applied, and there was no consistent progress in the child after one month, or group life had deteriorated, then it became necessary to discharge the child from the Paley Center. For a single parent family or a family where both parents work this action can be extremely serious and cause severe financial and emotional hardship. In some cases a parent may resort to foster care. Children in the center's kindergarten program who showed signs of learning disability or social-emotional immaturity were tested by a consulting psychologist. If the recommendation was for a second year of Kindergarten rather than moving the child into the public school first grade the following steps were taken:

- . . results of testing were shared with the team of teachers, social worker and supervisors working with the family.
- . . if parent agreed with recommendation to retain child in the Center's Kindergarten program, a special program was designed by a psychological consultant and team members to meet the emotional and academic needs of that child within the regular Kindergarten structure when possible.
- . . volunteers and other staff were used to supplement program when possible.

Interventions such as described were helpful in most cases and children could be maintained in the Center. Teachers tried to provide interventions which would remediate problem areas in these children but were severely limited by the size of their classrooms, the teacher-student ratio and the needs of the other children. Based on the philosophy that early identification and remediation of cognitive, social and emotional problems in children can reduce the need for more extensive remediation at a later age, the Early Intervention Department was formed.

The "Early Intervention" approach is based on:

EIE AND DAY CARE - INTRODUCTION (Continued)

. . early diagnosis and the placement of moderately emotionally disturbed or learning disabled pre-school, Kindergarten and first grade age children in a small group with skilled teachers.
. . a remediation program at pre-school age, possibly preventing the need for any or extensive treatment at an older age.
. . the day care environment providing the stable environment of consistent room, consistent teachers and a small group which are needed by the moderately emotionally disturbed or learning disabled child.
. . differential day care provided within the same agency allowing for the mainstreaming of children from Early Intervention Department classrooms to regular pre-school classrooms as needed to support the growth of the child and meet his changing needs.

PHILOSOPHY OF SERVICE AND OBJECTIVES OF PROGRAM

. . The Early Intervention Department serves children who are showing signs of learning disability or development lags in socialization or emotional development.

. . The Early Intervention Department stresses:

Early diagnosis and placement of troubled or learning disabled pre-school, kindergarten and first grade children in a small group with program to meet individual needs in all four developmental areas.

A stable primary environment with planned therapeutic intervention possibly preventing the need for any extensive treatment in a secondary agency at an older age.

A day care environment providing the stable environment of consistent room, consistent teachers and small group needed by the troubled or learning disabled child whose parent(s) work.

. . The room environment supports the philosophical curriculum goals which include:

Affective education (helping children identify and express their feelings appropriately).

Problem solving skills.

Focus on process rather than finished product.

Focus on using a thematic approach so that curriculum content flows from one program area to another.

EID AND DAY CARE - PHILOSOPHY OF SERVICE AND OBJECTIVES OF PROGRAM (Continued)

Building self-image and a sense of trust in one's own creativity and judgment.

Individualized program to meet specific needs of children and their particular learning styles.

Flexibility to meet needs of children.

Consistency of routines, teacher verbalizations and approach and environment.

Use of positive reinforcements.

Use of concrete materials to aid in conveying abstract ideas.

Early Intervention Department philosophy is implemented through programs which reflect the following objectives:

. . Use of the Early Intervention Department as a way of diagnosing emotional or learning problems.

. . Referral services to families to help further remediate problems.

. . Provide a therapeutic environment with an individualized program for each child.

. . Provide testing (psychological and educational).

. . Provide minimal therapy for children.

. . Provide differential counselling, for families according to need.

. . Provide crisis intervention counselling for children and parents.

. . Alleviate disruption in normal pre-school rooms, allowing them to function at a more productive level.

CRITERIA FOR PLACEMENT

The Early Intervention Department is concerned with providing service to those families where there is a potential for change. Criteria for placement was established primarily to enable limits to be set on the scope of service offered. An Early Intervention Department can easily become a "Catch-all" for every problematic child, and service delivery can be diluted to meet too many needs without the necessary support systems. Children acceptable for Early Intervention Department placement are children who, through actual diagnosis or observation, need a more specialized program in a small group structured setting than can be provided in non Early Intervention Department pre-school rooms. These are children who might

EID AND DAY CARE - CRITERIA FOR PLACEMENT (Continued)

be considered moderately emotionally disturbed, learning disabled or developmentally behind. Placement can be for remediation of diagnosed problem areas or for diagnosis of suspected problem areas with subsequent remediation or referral.

TEAM APPROACH

The team providing the service delivery consists of a Department Supervisor, special education and child care teachers, social workers, psychological and educational consultants and students from schools of social work, child care programs and training hospitals.

Each member of the team has a defined function and responsibility for on-going communication with other team members. Teachers provide the major service to the child while the social worker provides service to the parent in the form of differential counseling, depending on need. All parents must contract with the social worker for a particular number of meetings per month, depending on their joint assessments for how much time is needed for the counselling process. Team members meet initially to review all intake materials regarding a family entering the Early Intervention Department. At this time, preliminary goals are stated for working with the child and the parent. There is then a two month probationary period where the necessary educational and psychological testing is completed, teachers and social workers begin working with their respective part of the client and the appropriateness of placement is further observed. At the end of the probationary period the team meets again to develop the prescriptive or treatment plans. These prescriptives are carefully designed to define behavioral objectives in the areas of math, language, sensory motor and behavior and socialization. Each behavioral objective is further broken down into goals that are sequential and realistic for the child to accomplish. The prescriptive becomes the basis of the daily lesson plan. Program is developed to meet the needs of children through large and small group activities as well as through one-to-one experiences with teachers, volunteers and students. Prescriptives are constantly being changed to reflect the child's mastery of specific tasks and the new tasks to be accomplished. The team needs periodically to evaluate the family's progress.

Families may be discharged at the end of the two-months period if the child is seen as inappropriate after testing and observation or if the parent is not meeting the terms of her/his agreement with the social worker. It is expected that depending on the parent's capability he/she becomes involved in the child's treatment in some manner. Children are not seen isolated from the family system and, therefore, the parents' commitment to work on issues of follow-through on agency referrals is crucial to the Early Intervention Department. In this manner, parents are not only recipients of the service to the family, but also are involved in the team's service to the child.

DIAGNOSTIC EVALUATIONS

It has been the premise of the Early Intervention Department that it is first necessary to fully understand a child's special needs, strengths and deficits in order

EID AND DAY CARE - DIAGNOSTIC EVALUATIONS (Continued)

to adequately provide the most appropriate and beneficial individualized program for that child. For this reason, consultants and professionals have been incorporated into the Early Intervention Department to perform educational, psychological and psychiatric evaluations on those children who have been referred to the program. For the most part, these diagnostic evaluations have been performed at the Samuel Paley Day Care Center, although some children who have been referred into the program from other community agencies have already received recent and adequate professional evaluations. This has alleviated the necessity to perform a full diagnostic work-up on these children at Paley.

The diagnostic evaluations have focused on understanding the many facets of each child, not on just labelling him as emotionally disturbed or learning disabled. Understanding a child's level of academic mastery, his current level of intellectual functioning relative to his potential native endowment, his facility with fine and gross motor skills, the quality of his perceptual motor coordination, degree to which his dependency needs have been satisfied or frustrated, ability to cope with and adequately express inner impulses and feelings, ability to engage in creative and productive fantasy, and to distinguish between fantasy and reality - understanding all of these aspects and even more about each child helps assure that the child can be helped within the paramenters of the EID program and allows the staff to formulate the individualized prescriptive program for that child which is geared toward utilizing his strengths to help shore up his weaknesses.

These prescriptives, as previously described, emphasize the most pragmatic approach for classroom teachers and aides to help the child overcome his academic and emotional and social deficiencies. This is accomplished by helping them deal directly with the source of interference which is preventing the child from performing up to age, intellectual and social expectations. For example, a child who is emotionally and socially withdrawn may be encouraged by the teacher to slowly venture forth with expression of his thoughts and feelings and be praised for his slightest interaction with others in the classroom. This would be done in an effort to help him develop the curiosity of what is going on about him, which is such a necessary part of the learning process.

In an effort to most clearly delineate the source and best treatment for the child's difficulties, the diagnostic evaluations may recommend a psychiatric or neurological examination or adjunctive psychotherapy. Although these services are not routinely available within the Early Intervention Department program, supervisory and social service personnel follow up these recommendations by referring the child and his family to available resources in the community.

Diagnostic evaluations may consist either of a full psychological test battery or a diagnostic interview. Psychological testing primarily consists of the Rutgers Drawing Test and/or the Bender Visual Motor Test. These tests will determine the age level of perceptual-motor functioning. Problems in learning are often linked to developmental lags in eye-hand coordination or neurological disfunction affecting the perceptual motor process. Six children tested, to date, showed signs of neurological disfunction and were referred for full neurologicals. Intelligence tests are also administered. The Stanford-Binet is appropriate for children ages two to five, the Wechsler Pre-School and Primary Scale of Intelligence (WPPSI) for

EID AND DAY CARE - DIAGNOSTIC EVALUATIONS (Continued)

children ages four to six and the Wechsler Intelligence Scale for Children - Revised (WISE-R) for children six years and over. The WPPSI is the test most commonly used in the Early Intervention Department and is particularly useful because it is divided into verbal and performance categories.

The results of Intelligence tests provide information about the child's current level of intellectual functioning as it relates to native endowment. How a child processes and uses information from the environment is important in developing a classroom structure to optinize his learning capacity. The Wide Range Achievement Test is administered to children 5 years or older to gather basic information concerning his knowledge of arithmetic, letter and word recognition and spelling skills. The grade equivalent standard score and percentile rank for age allows us to determine if a child is learning academic skills consistent with grade, age and intellectual expectations or if there is a discrepancy and the beginning of a learning disability.

In addition to cognitive tests, there are several tests administered to evaluate the child's level and quality of emotional functioning. The Rorschach Inkblot Test, the Children's Apperception or Thematic Apperception Tests and the Draw A Person Test are utilized to assess the quality of a child's ability to relate to his environment, his degree of self worth, his perceptions of his relationships with significant others, his feelings about significant others, how well he feels his basic needs for love, security, and trust have been met or frustrated, how well he copes with his inner impulses of dependency, sex and aggression and if he accepts and expresses them in appropriate ways. It is important to understand how successful a child has been in beginning the separation-individualization process.

If a child is developmentally below age expectancy in his emotional development he will have difficulty in his ability to become socialized and to profit from an educational experience.

When the results of all of these tests are considered together, we are able to answer specific questions about the child's level of perceptual-motor, intellectual, cognitive, and emotional development and if a learning disorder or emotional dysfunction exists.

When a child, prior to entering the Early Intervention Department, has received a psychological battery, and when specific questions about Learning Disability level of perceptual-motor or intellectual functioning do not exist, a diagnostic interview may be conducted. By talking and playing with a child for one to two hours, in addition to talking with the child's parents about significant developmental milestones, it is possible to determine the child's level of emotional development and if any specific emotional conflicts exist within the child.

While it is impossible to generalize about the "kind" of child who is in and benefits most from the Early Intervention Department program, we have found that almost all of these children have encountered, at an early age (1-3 years old), extreme stress in their environment where parental conflicts resulted in separation, divorce, or an unstable intact family unit. Because these intense family stresses occurred

EID AND DAY CARE - DIAGNOSTIC EVALUATIONS (Continued)

during the oral, anal and genital phases of psychosexual development, these children appear "stuck" on specific developmental tasks. Many of the children in Early Intervention have difficulty trusting adults. They feel that they have no one to rely on to give them the love and emotional nurturance that they need and they consequently are in constant need of adult attention and approval. Many of these children tend to feel that the world is a dark, threatening, foreboding place and as a defense against the feelings of being unprotected and victimized either strike out or withdraw into fantasy that allows them to be super heros. Children's egos in the Early Intervention Department are fragile and in many cases defense systems are not operating sufficiently to protect the child from his real or imagined fears and feelings of vulnerability.

TRAINING PROFESSIONALS

One of the advantages of this program, over and above the benefits to each child, is the opportunity to use the administrative, supervisory and consultative staff in the Early Intervention Department and in the Samuel Paley Day Care Center of Federation Day Care Services to train undergraduate and graduate social work students in their work placements, pre-doctoral psychology students in their internship placements, psychiatric residents and medical students from area training hospitals, and child care students. Individual supervision, team meetings regarding the objective setting of a treatment plan for a particular child and the family, department meetings, agency-wide administrative meetings, in-service training meetings which focus on child development, diagnosis and treatment of children in day care setting, and field placement contribute to the learning experience of the person in training.

The training program in the Early Intervention Department, as well as the policy of working with many different kinds of students provides an ideal opportunity for persons who are learning or desire to increase specific skills regarding working with special children in a day care setting.

RESEARCH

It is imperative for any agency to evaluate how effectively it is meeting its stated goals and how beneficial its program is to its recipients.

Last year was the first year of the fully operational Early Intervention Department and, hence, was a year of working out smooth programming for the children. However, there was also a preliminary attempt to evaluate the extent to which the children's skills were enhanced by the program. Since many of the children admitted into the program appeared to have some perceptual-motor coordination developmental lags or deficits, many of the individualized prescriptives included age appropriate activities geared toward enhancing the level of perceptual-motor functioning.

The Rutgers Drawing Test, assessing perceptual-motor functioning, was administered to each child at the beginning and end of his academic year in the Early Intervention

EID AND DAY CARE - RESEARCH (Continued)

Department program. We found that there was a very strong statistical trend toward children performing closer to age expectancy at the end of the program than when they entered the program. In other words, pre-testing revealed that on the average the children performed two to three months below age expectancy while post-testing revealed that on the average these same children performed one-half month above age-expectancy. Statistically, there was only five to ten per-cent probability that these results could have been attributed to chance factors.

These results are quite promising that the EID Program is on the right track in enhancing the children's age-appropriate level of perceptual-motor functioning.

At present the Early Intervention Department is implementing a more comprehensive research program. All children will be given either the Stanford Achievement Test or the Clymer-Barret Test, the Diagnostic Behavior Inventory Change Word, the Language Arts Test, and the Rutgers Drawing Test at the beginning and at the end of their year in the Early Intervention Department Program. It will, therefore, be possible to more comprehensively assess the beneficial and not so beneficial aspects of the program as determined by how much the children gained in their various skills and how much they progressed in their emotional development. It is hoped that a longitudinal study will support the Early Intervention Department sense that children will have stronger, better functioning egos as they move into school years and cope with the daily stresses of growing up to adulthood.

FINDINGS AND ACCOMPLISHMENTS

During the first year of its operation the Early Intervention Department served thirty-one children in two pre-school groups and one transitional first grade. The department was licensed by the Pennsylvania State Department of Private Academic Schools as a special education facility for socially and emotionally disturbed and learning disabled children. Each pre-school group had a maximum of eleven children enrolled with two co-teachers with volunteers and students. The transitional first grade served seven children with one teacher. Early Intervention Department administration and social work staff worked closely with the neighborhood Philadelphia public school in devising special education to insure appropriate placement for children moving into the system. Five children were referred by the Early Intervention Department for either social-emotional disturbed or learning disability placement. Cooperative efforts between the Division of Special Education and the Center made it possible for children to be placed in special education classrooms early in the school years. In the past these children, if identified at all, would have been placed on a list for testing, dependent on outcome, referred to appropriate committee for review and then placed in special education facilities if and when a place became available. One child was referred to private school for emotionally disturbed children. Four children went to regular pre-school rooms and eleven children to normal first grade placements in the public school. These children are reported as doing well. Ten children remained in the Early Intervention Department.
-Children moved from a three to four-year-old group to a four to five-year-old group and some children moved to the transitional first grade.

EID AND DAY CARE -

FUTURE PLANS

The Early Intervention Department is expecting to continue to provide a quality program to troubled children and their families. Additional services are anticipated as the Early Intervention Department is now receiving psychological evaluations, speech and hearing evaluations and therapy through Federal Assistance to non-public schools. In addition, training for teachers in day care centers will be provided so that the Early Intervention Department model can be replicated in part or in total by other day care centers serving troubled children within this population. The high risk population found in day care centers makes a program such as the Early Intervention Department a necessity.